

**North Mac Community Unit School District  
#34**

**Concussion Management Plan**



## I. Introduction and Definitions

The North Mac Community Unit School District is committed to providing a positive, supportive, and safe environment for all of its students. As part of this commitment, the school district is implementing a Concussion Management Plan to give concussed students and their parents not only information but also a pathway back to realizing the student's full educational and athletic potential.

A concussion is a traumatic brain injury that interferes with normal brain function. A person does not have to lose consciousness to have suffered a concussion. Listed below are some of the symptoms a student may show if they are concussed. Not every student will have the same symptoms and some students may state that they "just don't feel right" after a bump, blow, or jolt to the head or body.

<b>PHYSICAL</b>	<b>COGNITIVE</b>	<b>EMOTIONAL</b>	<b>SLEEP</b>
Headache	Confusion	Irritability	Feeling tired
Dizziness	Difficulty concentrating	Sadness	Sleeping more/less than usual
Nausea	Difficulty thinking clearly	Mood swings	Trouble falling/staying asleep
Vomiting	Difficulty remembering new information	Feeling nervous or anxious	Feeling tired
Sensitivity to light or noise	Taking longer to figure things out	Crying more	
Balance problems	Amnesia		
Blurry vision			
Any loss of consciousness			

If a student suffers any type of a blow to their head and/or one or more of the above symptoms are observed, the concussion protocol will be initiated. Generally, the protocol will be initiated by the Athletic Trainer. However, any member of the Concussion Oversight Team can initiate the process. The Concussion Oversight Team members include the Athletic Trainer, the School Nurse, a Guidance Counselor, and the Athletic Director.

If a student is exhibiting any of the following symptoms or signs, he/she should not be left alone and the student should be given immediate emergency care:

- The student loses consciousness at any time.
- Repeated vomiting.
- Unusual behavior (very confused or irritable).
- Seizures (arms or legs jerk uncontrollably).
- A headache that gets worse or does not improve.
- Difficulty with balance.
- Very drowsy or unable to be awakened.
- Slurred speech.
- Weak or numb extremities.
- Any symptoms that continue to worsen.

Recovery from a concussion will vary individual to individual. One cannot compare his/her recovery progress to someone else's progress.

## **II. ImPACT Testing**

All athletes at North Mac High School will be given the ImPACT Test prior to being able to participate in their activity.

ImPACT stands for: Immediate Post-Concussion Assessment and Cognitive Testing.

ImPACT tests are good for two years and will be given to all freshmen and junior athletes, as well as any new athlete who was not previously tested.

The ImPACT test establishes a baseline (score) of brain activity when the student is at rest, under normal environmental circumstances. After an athlete suffers a potential head injury, the ImPACT test will be re-given to the student as a means of comparing his/her brain activity post-injury. Only trained individuals can interpret ImPACT scores. ImPACT scores are subjective to each individual student and should not be compared to any other student's score.

Parents will have access to their student's ImPACT scores and may want to share these with their family physician. To obtain access, parents can download the ImPACT app from the app store (Apple platform devices) or they can contact the Athletic Office for a copy of their student's ImPACT test results.

## **III. Concussion Management Plan**

There are two parts to the Concussion Management Plan.

Return to Play ("RTP")

Return to Learn ("RTL")

The Return to Play (“RTP”) protocol will generally be monitored by the Athletic Trainer. The Return to Learn (“RTL”) protocol will generally be monitored by the School Nurse/and or the guidance counselor.

If a student is suspected of having a head injury, he/she will be removed from any activity until he/she is evaluated and cleared to return to activity by a qualified healthcare provider [athletic trainer(working under the supervision of a physician), or physician]. A teacher, coach, administrator, etc. cannot clear a student to return to activity after a head injury.

***If a student suffers a head injury during the school day***, he/she should be evaluated by the school nurse. It is the responsibility of the supervising adult to ensure that the school nurse is summoned, or the student is taken to the nurse. The school nurse will then follow the concussion management plan and the nurse will notify the parents with further care instructions.

***If a student suffers a head injury outside of the regular school day during a school-sponsored activity***, it is the responsibility of the coach, advisor, or the athletic trainer to remove the student from the activity. (If a game official removes an athlete for a suspected head injury, the same procedure will be followed as if the coach or athletic trainer had removed the student from the activity.) If the athletic trainer is present, he/she will determine if the student has a concussion. If a concussion is suspected by the athletic trainer, the “RTP” protocol will be initiated. The athletic trainer will notify the parents with further care instructions. If the athletic trainer is not present, it is the responsibility of the coach or advisor to call 911 (if necessary), to immediately notify the parents of the student, to fill out and submit an accident report within 24 hours (or by Noon on Monday if the injury occurred on a Friday evening, Saturday, or Sunday), and to notify the athletic trainer of said injury.

***If a student sustains a head injury in an activity not affiliated with the school***, the student’s parents should notify the school nurse and/or athletic trainer. Any student deemed to have a concussion by the school nurse or athletic trainer must then be evaluated by a physician. Any student diagnosed with a concussion by a physician will begin the concussion management plan which will be supervised by either the school nurse or athletic trainer.

### **III. A. Return to Play (RTP)**

Once diagnosed with a concussion, a student may not return to any activity until the following criteria is met:

- Symptom free for a minimum of 24 hours.
- ImPACT test scores fall into an acceptable range as compared to the student’s baseline score.
- Completion of the Return to Play protocol.
- ***Written clearance from a licensed physician (signed and dated) must be provided to the athletic trainer or school nurse (and will be kept on file).***

■ **Signed parental consent form.**

At any time the athletic trainer, school nurse, or school administration may exclude a student from participation in any activity based on the student’s safety.

The RTP protocol will be supervised by the Athletic Trainer. Generally, there must be a minimum of 24 hours between each stage of the RTP protocol. If a student does not show signs of improvement during the RTP protocol, the athletic trainer will notify the parents and the school nurse. The student may then be required to see a licensed physician before returning to the RTP protocol.

**Return to Play Protocol:**

<b>Rehabilitation Stage</b>	<b>Functional Exercise at each Stage of Rehabilitation</b>	<b>Objective Goal of each Stage</b>
1. No activity	Complete physical and mental rest	Recovery (symptom free at rest).
2. Low impact, light activity	Stationary cycling keeping intensity <70% maximum predicted heart rate (30 minutes max).	Increase heart rate without symptoms.
3. Sport specific exercise	Running while keeping intensity <80% maximum predicted heart rate (45 minutes max).	Add movement without symptoms.
4. Non-contact training drills	Sport-specific exercises/full practice without contact. No head impact activities. May start progressive resistance training.	Add coordination and cognition without symptoms. Increase exercise, coordination, and cognitive load without symptoms.
5. Unrestricted training	Full contact training drills and intense aerobic activity in practice only. (No game activity allowed.)	Restore confidence and assess functional skills by coaching staff without symptoms.
6. Return to play	Normal game play without restrictions.	Normal game play without restrictions.

**III. B. Return to Learn (RTL)**

The RTL protocol will generally be supervised by the school nurse and/or the guidance counselor.

Concussions can have a major impact on a student’s ability to successfully function in the classroom. While recovering from a concussion, it may be necessary to reduce brain activity to allow proper healing. The activity in a classroom as well as at home should be

monitored to ensure the quickest recovery for any concussed student. While the school will monitor activity at school, it is important that parents partner with the school and also monitor activity at home. Video games, watching TV, smart phone usage are just a few of the activities which need to be monitored closely as a student recovers from a concussion. One would not run a race immediately after breaking his/her leg, and thus one should not place the same load on his/her brain immediately after sustaining a concussion.

The RTL protocol may be modified as necessary, depending on the progress of the student. If there is little or no progress, the COT (concussion oversight team) may require the student to see a licensed physician before continuing in the RTL protocol.

**Return to Learn Protocol:**

<b>Academic Stage</b>	<b>Appropriate Academic/Cognitive Activity</b>	<b>Objective</b>
1. No activity	Rest. No school work, computer or phone usage, reading, or physical activity.	To allow the body to focus entirely on the healing process. To allow the student to be able to return to school as soon as possible.
2. Accommodated school days**	Part-time school attendance. Allow rest in office. Limit computer usage. Homework in 30-minute intervals.	To allow student to return to school, but avoid tasks which may worsen symptoms. Provide accommodations to address specific symptoms.
3. Full day of school with accommodations	Attend full school day. Allow rest in office as needed. Increase classwork/homework as tolerated. Take post-injury ImPACT test (if necessary).	To reduce the level of accommodations necessary. To increase participation in all academic activities. Continue to provide accommodations as necessary.
4. Return to full/regular, cognitive/school activity	Full day of school without restrictions. Resume PE and full classwork/homework load. (Athletes begin RTP protocol.)	A return to full academic function without accommodations.

\*\* When beginning Stage 2 of the RTL protocol, each student will have an individualized Concussion Accommodation Plan (CAP). This plan will be developed by the guidance counselor

and the student with input from the student's teachers, school nurse, and other staff members (based on the student's needs). The student's parents will also be invited to be involved with the development of the CAP. Furthermore, input from the student's physician will also be considered in the development of the CAP. The CAP will be reviewed regularly to assess progress and the appropriateness of the current accommodations. A sample CAP is attached to this document.

#### **IV. Summary**

Listed below is a summary of the steps and processes every athlete and parent need to complete under the North Mac Community School District's Concussion Management Plan:

Prior to participation in an interscholastic athletic activity:

- Attend a mandatory Athletic Parents Night meeting prior to participating in that particular season.
- Receive concussion paperwork from CUSD #34 and IHSA/IESA.
  - Sign and return document acknowledging receipt of said paperwork.

During athletic season/school year:

- If student sustains a head injury, the following must be completed:
  - Assessment of injury by athletic trainer and/or licensed physician.
    - If student has a concussion:
      - Student enters RTL protocol and CAP is created.
      - RTL is successfully completed.
      - RTP protocol is initiated.
      - RTP protocol is successfully completed.
      - Student obtains written clearance from licensed physician.
        - Signature and date required on clearance.
      - Student and parent sign and return an IHSA/IESA "Post-Concussion Consent Form"
      - Student is cleared to fully resume all activities.

## NMCUSD #34 – Concussion Accommodation Plan (CAP)

In the early stages of recovery after a concussion, increased cognitive demands, whether it's academic or physical, may worsen symptoms and prolong recovery. Therefore, a "CAP" will help provide stipulations for adjustment of academic coursework on a case by case basis.

Student's Name: \_\_\_\_\_ Date Implemented: \_\_\_\_\_

Name of Parent Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Date Completed: \_\_\_\_\_

The following accommodations will be implemented:

### Homework:

- Provide extra time to complete.
- Postpone homework completion.
- No homework during RTL protocol.
- Provide written directions for homework assignments.
- Assign only essential homework.
- Other: \_\_\_\_\_

### Tests and Quizzes:

- Provide alternate location to complete.
- Provide extra time to complete.
- Postpone tests/quizzes.
- Eliminate tests/quizzes.
- Use notes for tests/quizzes.
- Other: \_\_\_\_\_

### General Accommodations:

- No PE participation (no writing assignments).
- Provide copy of class notes (from teacher or classmate).
- Allow student to see counselor or nurse as needed.
- Allow student to take breaks from classwork.
- Allow student to leave class early.
- Other: \_\_\_\_\_

This CAP was written by: \_\_\_\_\_

\*\* This shall be distributed to each of the student's teachers, his/her guidance counselor, and to the Concussion Oversight Team.